## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000070692

Entity Name: BASE2MUZIK INC

FILED Jul 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4400 NW 10 TH PL 3090 NW 46TH AVE APT 114 APT L209 BULD 19

PLANTATION, FL 33313 LAUDERLAKES, FL 33313

Current Mailing Address: New Mailing Address:

4400 NW 10 TH PL 3090 NW 46TH AVE APT 114 APT L209 BULD 19

PLANTATION, FL 33313 LAUDERLAKES, FL 33313

FEI Number: 20-0120471 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOOKLAL, HAYDN K 4400 NW 10 TH PL APT L209 MOOKLAL, HAYDN K 3090 NW 46TH AVE APT 114 BULD 19

PLANTATION, FL 33313 US LAUDERLAKES, FL 33313 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HMOOKLAL 07/23/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 MOOKLAL, HAYDN K
 Name:
 MOOKLAL, HAYDN K

 Address:
 4400 NW TH 10 TH PL APT L209
 Address:
 3090 NW 46TH AVE APT 114 BLD 19

Address: 4400 NW TH 10 TH PL APT L209 Address: 3090 NW 46TH AVE APT 114 BLD 19
City-St-Zip: PLANTATION, FL 33313 City-St-Zip: LAUDERDALE LAKES, FL 33313

( ) Delete Title: VΡ Title: (X) Change ( ) Addition Name: MOOKLAL-GOSINE, VIDYA V Name: MOOKLAL-GOSINE, VIDYA V 4400 NW 10TH PL APT L209 Address: 3090 NW 46TH AVE APT 114 BLD 19 Address: City-St-Zip: PLANTATION, FL 33313 LAUDERDALE LAKES, FL 33313 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HMOOKLAL PRES 07/23/2004